

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.				COURT USE ONLY DUE DATE:							
1a. CONTACT PERSON FOR THIS ORDER Delia Desuyo				2a. CONTACT PHONE NUMBER (415) 703-1174				3a. CONTACT EMAIL ADDRESS delia.desuyo@doj.ca.gov							
1b. ATTORNEY NAME (if different) Pamela K. Critchfield				2b. ATTORNEY PHONE NUMBER (415) 703-5952				3b. ATTORNEY EMAIL ADDRESS pamela.critchfield@doj.ca.gov							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Attorney General's Office - 455 Golden Gate Avenue, Suite 11000 - San Francisco, CA 94102				5. CASE NAME McIntosh v. Holder, et al.				6. CASE NUMBER C 09-00750 CRB							
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Katherine Powell Sullivan				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input checked="" type="checkbox"/> CJA: Do not use this form; use Form CJA24											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (Initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
04/25/2014	CRB	Mot. H													
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE 07/25/2014			
11. SIGNATURE /s/ Pamela K. Critchfield															
DISTRIBUTION:				<input type="checkbox"/> COURT COPY				<input type="checkbox"/> TRANSCRIPTION COPY				<input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY			